



**Louisiana Medicaid
Management Information Systems
(LA MMIS)
Batch Pharmacy Encounters Companion
Guide**

Version 1.8

Molina Medicaid Solutions and the Louisiana Department of Health and Hospitals

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PROJECT INFORMATION

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Batch Pharmacy Encounters Companion Guide

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1.0 INTRODUCTION

To implement the Batch Standard for Pharmacy Encounters, the NCPDP Batch Standard Implementation Guide Version 1.1 is used. Since the Batch Standard uses the data elements, parsing routine and many of the rules of the Telecommunication Standard,

The following are used:

- Telecommunication Standard Implementation Guide (for transactions, segments, fields, rules)
- Data Dictionary (for field definitions and formats)
- External Code List (for field values)

These documents are available to NCPDP members at the Standards Download page http://www.ncdp.org/members/members_download.aspx. Information on becoming an NCPDP member which includes all documents published is available at <http://www.ncdp.org/signup.aspx>.

The Batch Standard uses the same syntax, formatting, data set, and rules as the real time Telecommunication Standard. The Batch Standard “wraps” the Telecommunication Standard around a detail record, adding a batch header and trailer.

The Batch, consisting of Header, Detail Data Records, and Trailer are formed into a batch file.

The Transaction Header Segment contains fixed length fields. The rest of the segments in the request (such as Patient Segment, Insurance Segment, Claim Segment, Response Status Segment, Response Claim Segment, Etc.) are variable segments with variable fields (where applicable) and variable field lengths.

Two acknowledgement transactions for each transmission will be returned. The first acknowledgement, in TA1 format, acknowledges receipt of the transmission. If errors are reported in this acknowledgement they must be corrected and the transmission file re-submitted. The second acknowledgement is a report, in html format, that will detail any syntax, semantic or companion guide specific errors. If errors are reported in this acknowledgement they must be corrected and the transmission file re-submitted using a different 806-5C Batch number to avoid a duplicate transmission condition.

2.0 GENERAL INFORMATION

The following restrictions or qualifications apply:

1. Submitters using the Medicaid Batch Pharmacy system are required to transmit their encounter files through our sFTP site.
2. All records must be completed according to the record specifications in this manual. All appropriate data validity and relationship edits are expected to be performed before a transaction is generated.
3. Only paid encounters can be submitted via Batch.
4. Only new encounters, resubmitted denied encounters, or encounter reversals (Voids) can be submitted via Batch.

3.0 POLICIES AFFECTING SUBMISSIONS

The following policies are in addition to those outlined in the provider handbook and in no way supersede those publications:

1. The required edits, submission standards, and data specifications as outlined in this manual must be fulfilled and maintained by all submitters transmitting encounters through batch pharmacy.
2. At any time, an authorized representative of the Louisiana Medicaid program, the Attorney General, U.S. Department of Health and Human Services, the General Accounting Office, or their agents or assignees can request supportive documentation to ensure that all requirements are met (e.g., program listings, flowcharts, file descriptions, accounting procedures). At any time, the regulatory agents listed above can request actual information used to bill Louisiana Medicaid encounters through batch pharmacy (e.g., provider files, recipient files, reference files, pricing files) whether maintained on physical media such as a computer listing or stored on a machine readable media such as magnetic tape. All information thus obtained will be held in strictest confidence.
3. All information supplied by the Department of Health and Hospitals (DHH) or Molina Medicaid Solutions within the computing and accounting systems of a submitter (e.g., master files, provider files, recipient files, reference files, and statistical data) can be used only in the accurate accounting of encounters containing or referencing that information. Any redistribution or dissemination of that information for any purpose other than the accurate accounting of Medicaid encounters is considered an illegal use of confidential information.
4. At any time, DHH or Molina Medicaid Solutions can choose to review any or all encounters received through batch pharmacy and can reject or disallow any encounter subsequent to such review.
5. DHH or Molina Medicaid Solutions reserves the right to view the processing of Medicaid encounters. This consists of an on-site check or validation of edit requirements through utilization of DHH or Molina Medicaid Solutions test encounters with embedded errors.

4.0 BATCH PHARMACY COMMUNICATIONS SPECIFICATIONS

4.1 File Transmission Protocols

- Submitters must transmit batch pharmacy encounter files through sFTP. Please refer to the sFTP companion guide for details.

- Submitters may submit up to 10 NCPDP encounter batched transaction files per day.
- Submitters may submit up to 35,000 encounters per day

5.0 TRANSACTION SYNTAX CONVENTIONS

Following is a list of the data elements, field names, and field positions for batch pharmacy encounters.

For multiple prescription encounters, the Patient and Insurance segments are included only once per Transaction (G1) record and the other segments (Claim, COB, Pricing ...) are repeated for each prescription.

Standard COBOL documentation is used for transaction descriptions. The following definitions are given to ensure consistency of interpretation:

- **FIELD** - The NCPDP data element number for a given transaction.
- **FIELD NAME** - The short definition, name, or literal constant of the data located within the transaction at the positions indicated.
- Transaction sections comprising fixed and optional portions are kept separate with the use of a Segment Separator character (HEX 1E). In addition to the Segment Separator character, the Group Separator character (HEX 1D) is used before the Claim Segment.
- **PICTURE (PIC)** -The COBOL "PICTURE" clause that describes how the data is presented on the transmission.

X = an alphanumeric character

9 = a numeric character

S = the field is signed (+ or -)

V = an implied decimal point

() = The character in front of the left parentheses is repeated the number of times between the parentheses, i.e., X(5) represents the same PICTURE as XXXXX.

- **TYPE** - The type of data in the field.

A/N - Alphanumeric - Always left-justified and space filled.

A - Alphabetic characters only – Always left-justify and space filled as needed.

N - Numeric

- **COMMENTS OR FROM/TO**

- **FROM** - The beginning physical character position of the field.
- **TO** - The last physical character position of the field.
- **COMMENTS** - This field indicates whether a field is required, not required, or optional.
 - R Required - This field must be present.
 - N Not Required - Information should not be present in this field.
 - O Optional - This field is conditional. In the future, this field could be required.
- **NCPDP determines which fields in the various formats are mandatory or optional. There are a number of data elements in this document, which are labeled as required, although they are labeled as optional in the NCPDP implementation guide. These fields ARE optional; however the encounter is not likely to process correctly, unless the data is submitted.**

6.0 BATCH PHARMACY ENCOUNTER RECORD FORMATS

Encounter Submissions consist of Encounter Requests and Encounter Reversals/voids.

TRANSMISSION HEADER RECORD: Mandatory – Fixed Length Fields

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO	
880-K4	Text Indicator	X(01)	A/N	Start of Text (STX) = X'02' (Hex 02)	1	1
701	Segment Identification	X(02)	A/N	00 = File Control (header)	2	3
880-K6	Transmission Type *Part of External Code List under D.0	X(01)	A/N	T = Transaction	4	4
880-K1	Sender ID	X(24)	A/N	To be defined by processor/switch. Plan's EDI Submitter ID	5	28
806-5C	Batch Number	9(07)	N	Matches Trailer. Must be unique for every batch.	29	35
880-K2	Creation Date	9(08)	N	Format = CCYYMMDD	36	43
880-K3	Creation Time	9(04)	N	Format = HHMM	44	47
702	File Type *Part of External Code List under D.0	X(01)	A/N	P = production T = test	48	48
102-A2	Version/Release Number	X(02)	A/N	11 = Version 1.1	49	50
880-K7	Receiver ID	X(24)	A/N	LA-DHH-MEDICAID	51	74
880-K4	Text Indicator	X(01)	A/N	End of Text (ETX) = X'03' Hex 03	75	75

TRANSACTION DETAIL DATA RECORD: Mandatory – Some Fixed Length Fields

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO	
880-K4	Text Indicator	X(01)	A/N	Start of Text (STX) = X'02' (Hex 02)	1	1
701	Segment Identifier	X(02)	A/N	G1 = Detail Data Record	2	3
880-K5	Transaction Reference Number	X(10)	A/N	To be determined by the Provider	4	13
<p>See the following sections of this document for the NCPDP D.0 Data Record</p> <p>Section 7.1 for the B1 Original encounter</p> <p>Section 7.2 for the B1 Reversal(Void) encounter</p>						
880-K4	Text Indicator	X(01)	A/N	End of Text (ETX) = X'03' Hex 03	varies	varies

TRANSMISSION TRAILER RECORD: Mandatory – Fixed Length Fields

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO	
880-K4	Text Indicator	X(01)	A/N	Start of Text (STX) = X'02' (Hex 02)	1	1
701	Segment Identification	X(02)	A/N	99 = File Control (trailer)	2	3
806-5C	Batch Number	9(07)	N	Matches Header	4	10
751	Record Count	9(10)	N	Total number of records including header and trailer	11	20
504-F4	Message	X(35)	A/N		21	55
880-K4	Text Indicator	X(01)	A/N	End of Text (ETX) = X'03' Hex 03	56	56

7.0 D.0 PHARMACY ENCOUNTER RECORD FORMATS

Encounter submissions consist of Encounter Requests and Encounter Reversals/(Voids). The following paragraphs detail this information.

****NOTE:** *Each field within every segment below must occur in the same sequence as listed in this companion guide.*

7.1 Encounter Billing Submission (Input)

HEADER SEGMENT: Mandatory – Fixed Length Fields

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO	
101-A1	Bin Number	9(6)	N	This is a constant of '610514'.	1	6
102-A2	Version/Release Number ('D.0')	X(2)	A	This is a constant of "D0". This field identifies the format of the transaction.	7	8
103-A3	Transaction Code	X(2)	A	B1 = Billing (for up to 4 claims per transaction)	9	10
104-A4	Processor Control Number	X(10)	A	The processor control number indicates whether this is a test or production transaction. Louisiana Medicaid POS Production Transaction - "LOUIPROD" followed by 2 blanks Louisiana Medicaid POS Test Transaction - "LOUITEST" followed by 2 blanks	11	20
109-A9	Transaction Count	X(1)	A	1 = one claim in a transaction 2 = two claims in a transaction 3 = three claims in a transaction 4 = four claims in a transaction (For a compound, the transaction count must be = 1 one claim in a transaction)	21	21
202-B2	Service Provider ID Qualifier	X(2)	A	Constant of '01' National Provider ID (NPI)	22	23
201-B1	Pharmacy Number	X(15)	A	This will be a ten-digit National Provider ID (NPI) assigned to the billing pharmacy. Left-justify the field with trailing spaces.	24	38
401-D1	Date of Service	9(8)	N	CCYYMMDD format	39	46
110-AK	Vendor/Certification ID	X(10)	A	BATCH-O = Original Encounter Claim	47	56

PATIENT SEGMENT: Optional Segment

(Each field will be preceded with a Field Separator and a Field Identifier.)

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'01' – Patient	Mandatory
304-C4	Date of Birth	9(8)	N	CCYYMMDD format	Required
305-C5	Patient Gender Code	9(1)	N	1 = Male 2 = Female 0 = Unknown	Required
310-CA	Patient First Name	X(12)	A	Up to 12 characters The first name of the Medicaid recipient for whom the prescription was written. Note: The first name may contain embedded special characters, e.g., the name L'Miracle is keyed L'MIRACLE. Left-justify the field with trailing spaces	*Required by Molina to properly adjudicate encounter.
311-CB	Patient Last Name	X(15)	A	Up to 15 characters The last name of the Medicaid recipient for whom the prescription was written. Note: The last name may contain embedded special characters, e.g., the name O'Brien is keyed O'BRIEN. Left-justify the field with trailing spaces.	Required
307-C7	Patient Location	9(2)	N	01 - Pharmacy** 03 - School 04 - Homeless Shelter 05 - Indian Health Service Free-standing Facility 06 - Indian Health Service Provider-based Facility 07 - Tribal 638 Free-standing Facility 08 - Tribal 638 Provider-based Facility 09 - Prison/ Correctional Facility 11 - Office 12 - Home 13 - Assisted Living Facility 14 - Group Home * 15 - Mobile Unit 16 - Temporary Lodging 17 - Walk-in Retail Health Clinic 20 - Urgent Care Facility 21 - Inpatient Hospital 22 - Outpatient Hospital 23 - Emergency Room – Hospital 24 - Ambulatory Surgical Center 25 - Birthing Center 26 - Military Treatment Facility 31 - Skilled Nursing Facility 32 - Nursing Facility 33 - Custodial Care Facility 34 - Hospice 41 - Ambulance - Land 42 - Ambulance – Air or Water	Optional

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
				49 - Independent Clinic 50 - Federally Qualified Health Center 51 - Inpatient Psychiatric Facility 52 - Psychiatric Facility-Partial Hospitalization 53 - Community Mental Health Center 54 - Intermediate Care Facility/Mentally Retarded 55 - Residential Substance Abuse Treatment Facility 56 - Psychiatric Residential Treatment Center 57- Non-residential Substance Abuse Treatment Facility 60 - Mass Immunization Center 61 - Comprehensive Inpatient Rehabilitation Facility 62 - Comprehensive Outpatient Rehabilitation Facility 65 - End-Stage Renal Disease Treatment Facility 71 - Public Health Clinic 72 - Rural Health Clinic 81 - Independent Laboratory 99 - Other Place of Service	

INSURANCE SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.)

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'04' – Insurance	Mandatory
302-C2	Cardholder ID	X(20)	A	13 digit recipient's Medicaid ID Number. Left-justify this field with trailing spaces.	Required
309-C9	Eligibility Clarification Code	9(1)	N	0 = Not specified 1 = No Override 2 = Override 3 = Full Time Student 4 = Disabled Dependent 5 = Dependent Parent 6 = Significant Other	Optional
301-C1	Group ID	X(15)	A	ID assigned to the cardholder group or employer group. Up to 15 characters.	Optional
303-C3	Person Code	X(3)	A	N/A	Optional
306-C6	Patient Relationship Code	9(1)	N	0 = Not specified 1 = Cardholder 2 = Spouse 3 = Child 4 = Other	Optional

CLAIM SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per encounter.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'07' – Claim	Mandatory
455-EM	Prescription/ Service Reference Number Qualifier	X(1)	A	Constant of "1" – Rx Billing	Mandatory
402-D2	Prescription/ Service Reference Number	9(12)	N	Twelve digit prescription number The pharmacy's file number for this prescription.	Mandatory
436-E1	Product/ Service ID Qualifier	X(2)	A	Constant of "03" – National drug code (NDC) (For compounds use a value of '00')	Mandatory
407-D7	Product/ Service ID	X(19)	A	Eleven character NDC number (For compounds use a value of '0')	Mandatory
442-E7	Quantity Dispensed	9(7)V 999	N	Format = 9999999.999 9(7)V999 (For a compound, this is the quantity of the entire multi-ingredient product)	Required
403-D3	Fill Number	9(2)	N	00 = Original dispensing 01-99 = Refill number	Required
405-D5	Days Supply	9(3)	N	Format = 999 The pharmacist's estimated number of days the quantity dispensed will last. Express in whole days and right-justify with leading zeros.	Required
406-D6	Compound Code	9(1)	N	0 = Not specified 1 = Not a compound 2 = Compound If a value of 2 is indicated then the compound segment is required.	Required

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
408-D8	Dispense as Written (DAW)	X(1)	A	0 = No Product Selection Indicated *1 = Substitution Not Allowed By Prescriber 2 = Substitution Allowed-Patient Requested Product Dispensed 3 = Substitution Allowed-Pharmacist Selected Product Dispensed 4 = Substitution Allowed-Generic Drug Not in Stock 5 = Substitution Allowed-Brand Drug Dispensed as a Generic 6 = Override 7 = Substitution Not Allowed-Brand Drug Mandated By Law 8 = Substitution Allowed-Generic Drug Not Available in Marketplace **9 = Substitution Allowed By Prescriber but Plan Requests Brand - Patient's Plan Requested Brand Product To Be Dispensed (D.0) * '1' is required to override MAC pricing on a brand name drug. ** '9' is required to allow the prescriber to substitute using the PDL brand product.	Required *Required by Molina to override MAC pricing on a brand name drug. **Required by Molina to allow the prescriber to substitute using the PDL brand product.
414-DE	Date Prescription Written	9(8)	N	CCYYMMDD format	Required
354-NX	Submission Clarification Code Count	9(1)	N	Maximum count of 3.	Required for Batch Encounter processing. Required if Submission Clarification Code (42Ø-DK) is used.
420-DK	Submission Clarification Code	9(2)	N	09 - Encounters	Required for Batch Encounter processing. Occurs the number of times identified in Submission Clarification Code Count (354-NX).
308-C8	Other Coverage Code	9(2)	N	This field indicates whether or not the Medicaid recipient has other health insurance coverage: 0 = Not specified by Patient 1 = No other coverage identified 2 = Other coverage exists 3 = Other Coverage Billed – claim not covered 4 = Other coverage exists-payment not collected	Optional – Specific values required for COB Edit Override

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
429-DT	Special Packaging Indicator	9(1)	N	0 = Not Specified 1 = Not Unit Dose 2 = Manufacturer Unit Dose 3 = Pharmacy Unit Dose 4 = Custom Packaging 5 = Multi-drug compliance packaging 6 = Remote Device Unit Dose 7 = Remote Device Multi 8 = Manufacturer Unit of Use Package (not unit dose)	Optional
418-DI	Level of Service	9(2)	N	0 = Not specified 1 = Patient Consultation 2 = Home Delivery 3 = Emergency 4 = 24 hour Service 5 = Patient consultation regarding generic product selection 6 = In-Home Service	Optional
461-EU	Prior Authorization Type Code	9(2)	N	0 = Not specified 1 = Prior Authorization 2 = Medical Certification 3 = EPSDT (Early Periodic Screening Diagnosis Treatment) 4 = Exemption from Copay and/or Coinsurance 5 = Exemption from RX 6 = Family Plan Indic. 7 = AFDC (Aid to Families with Dependent Children) 8 = Payer Defined Exemption ** ** See Louisiana specific note.	Optional **Data element 461-EU (Prior Authorization Type Code) value 8 ("Payer Defined Exemption") will be used to determine pregnancy. Data element 335-2C Pregnancy Indicator will not be referenced.
462-EV	Prior Authorization Number Submitted	9(11)	N	Eleven characters. 461-EU and 462-EV together replace version 3C's 416 PA/MC Code and Number.	Optional

COMPOUND SEGMENT: Optional Segment (Required if field 406-D6 Compound Code is indicated as a compound with a value of 2)

Only one transaction per transmission is allowed when billing for a multi-ingredient prescription. A Compound is submitted using the Compound segment with multiple iterations of the Compound Product ID Qualifier, Compound Product ID and other repeating fields – one iteration for each ingredient in the compound. This transaction allows the pharmacy to submit any/all of the ingredients included in the preparation of the compound. Each ingredient of a compound is contained within the iterations of the Compound Segment **within a transaction**. Each ingredient is **not allowed** to be sent in separate transactions of a transmission.
(Each field will be preceded with a Field Separator and a Field Identifier.)

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A/N	'10' – Compound	Mandatory
450-EF	Compound Dosage Form Description Code	X(2)	A/N	01 = Capsule 02 = Ointment 03 = Cream 04 = Suppository 05 = Powder 06 = Emulsion 07 = Liquid 10 = Tablet 11 = Solution 12 = Suspension 13 = Lotion 14 = Shampoo 15 = Elixir 16 = Syrup 17 = Lozenge 18 = Enema	Mandatory (non-repeating)
451-EG	Compound Dispensing Unit Form Indicator	9(1)	N	1 = Each 2 = Grams 3 = Milliliters	Mandatory (non-repeating)
447-EC	Compound Ingredient Component Count	9(2)	N	Count of compound product IDs (both active and inactive) in the compound mixture submitted. Max count of 25 ingredients	Mandatory (non-repeating)
488-RE	Compound Product ID Qualifier	X(2)	A/N	03 = National Drug Code (NDC) Code qualifying the type of product dispensed. For LA Encounters it must be a value of 03	Mandatory (repeating)
489-TE	Compound Product ID	X(19)	A/N	NDC of an ingredient used in a compound. For LA Encounters it must only be the NDC	Mandatory (repeating)
448-ED	Compound Ingredient Quantity	9(7)v999	N	Amount expressed in metric decimal units of the product included in the compound mixture.	Mandatory (repeating)
449-EE	Compound Ingredient Drug Cost	S9(6)v99	D	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).	Mandatory (repeating)
490-UE	Compound Ingredient Basis of Cost Determination	X(2)	A/N	01 = AWP (Average Wholesale Price) 02 = Local Wholesaler 03 = Direct 04 = EAC (Estimated Acquisition Cost) 05 = Acquisition 06 = MAC (Maximum Allowable Cost) 07 = Usual & Customary 08 = 340B Disproportionate Share Pricing 09 = Other 10 = ASP (Average Sales Price) 11 = AMP (Average Manufacturer Price) 12 = WAC (Wholesale Acquisition Cost) Code indicating the method by which the drug cost of an ingredient used in a compound was calculated.	Mandatory (repeating)

PHARMACY PROVIDER SEGMENT: Optional Segment

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per encounter.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'02' – Pharmacy Provider	Mandatory
465-EY	Provider ID Qualifier	X(2)	A	05 = National Provider ID (NPI) 07 = Medicaid	Optional
444-E9	Provider ID	X(15)	A	A ten-digit National Provider ID (NPI). If encounter is for administration of the influenza vaccine by a pharmacist, this must be the NPI assigned to the pharmacist with Authority to Administer vaccines authorized by the Louisiana Board of Pharmacy. The seven-digit Medicaid Provider Number assigned to the authorized pharmacist will also be allowed. Left-justify the field with trailing spaces.	*Required by Molina to properly adjudicate a encounter for administration of the influenza vaccine by an authorized pharmacist

PRESCRIBER SEGMENT: Optional Segment

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per encounter.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'03' – Prescriber	Mandatory
466-EZ	Prescriber ID Qualifier	X(2)	A	01 = National Provider ID (NPI) 05 = Medicaid	Optional
411-DB	Prescriber ID	X(15)	A	This is not a practitioner DPR number. This field is left justified with trailing spaces. If a prescriber has registered his NPI with Louisiana Medicaid, the NPI may be sent. Until prescriber data has been adequately disseminated, the legacy Medicaid ID will also be accepted in this field. When sending the legacy Medicaid ID, please note the following: The prescriber's ID must be seven digits and must begin with one of the following as assigned: '00' or '01'.	*Required by Molina to properly adjudicate encounter.

COB/OTHER PAYMENTS SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per encounter.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'05' – COB/Other Payments	Mandatory
337-4C	Coordination of Benefits/Other Payment Count	9(1)	N	Maximum of 3 accepted for Louisiana. One digit only.	Mandatory
338-5C	Other Payer Coverage Type	X(02)	A	Maximum of 3 accepted for Louisiana Blank=Not Specified 01 = First 02 = Second 03 = Third 04 = Fourth 05 = Fifth 06 = Sixth 07 = Seventh 08 = Eighth 09 = Ninth	Mandatory (Repeating)
339-6C	Other Payer ID Qualifier	X(2)	A	Maximum of 3 accepted for Louisiana	Mandatory (Repeating) Please submit Louisiana specific Carrier Code with 99 Qualifier
340-7C	Other Payer ID	X(10)	A	Maximum of 3 accepted for Louisiana	Mandatory (Repeating) Please send Louisiana assigned Carrier Code.
443-E8	Other Payer Date	9(8)	N	Maximum of 3 accepted for Louisiana CCYYMMDD format	Optional (Repeating)
993-A7	Internal Control Number	X(30)	A	Number assigned by the processor to identify an adjudicated encounter when supplied in payer-to-payer coordination of benefits only. To ensure proper processing, it is important to put the MCO payment in the first COB segment.	Required for Batch Encounter processing.
341-HB	Other Payer Amount Paid Count	9(1)	N	Maximum of 3 accepted for Louisiana	Optional
342-HC	Other Payer Amount Paid Qualifier	X(2)	A	Maximum of 3 accepted for Louisiana Ø1 = Delivery Ø2 = Shipping Ø3 = Postage Ø4 = Administrative Ø5 = Incentive Ø6 = Cognitive Service Ø7 = Drug Benefit Ø9 = Compound Preparation Cost 1Ø = Sales Tax	Optional (Repeating) Please use Ø7=Drug Benefit for individual payments
431-DV	Other Payer Amount Paid	S9(6) V99	N	Maximum of 3 accepted for Louisiana Format s9(6)V99 It represents the dollar amount of payment	Optional (Repeating)

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
				known by the pharmacy from other sources. Format s\$\$\$\$cc, zero fill if no amount collected.	
471-5E	Other Payer Reject Count	9(2)	N	Maximum of 5	Optional
472-6E	Other Payer Reject Code	X(3)	A	Maximum of 5 accepted for each Other-Payer-ID Reject Code returned (Louisiana)	Optional Repeating
353-NR	Other Payer-Patient Responsibility Amount Count	9(02)	N	Maximum count of 25.	* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-NP	Other Payer-Patient Responsibility Amount Qualifier	X(02)	A	00=Blank Not Specified 01=Amount Applied to Periodic Deductible (517-FH). 05 = Amount of Copay 07=Amount of Coinsurance (572-4U).	* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.
352-NQ	Other Payer-Patient Responsibility Amount	S9(6)v99	N	Format s9(6)V99	Required

DUR/PPS SEGMENT: Required IF the segment data was present/used during processing of the transaction.

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per encounter.

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
111-AM	Segment Identification	X(2)	A	'08' – DUR/PPS	Mandatory
473-7E	DUR/PPS Code Counter	9(1)	N	Recommend value of "1", "2", or "3" DUR/PPS Code Counter = "1" is required if encounter is for administration of the influenza vaccine by an authorized pharmacist.	(Repeating) *Required by Molina to properly adjudicate an <u>IF</u> the segment data was present/used during the processing of the transaction.
439-E4	Reason for Service Code	X(2)	A	Louisiana reports the following Reason for Service Codes: DD = Drug-Drug Interaction ER = Overuse EX = Excessive Quantity HD = High Dose ID = Ingredient Duplication MX = Excessive Duration NN = Unnecessary Drug PA = Drug Age	(Repeating) *Required by Molina to properly adjudicate an <u>IF</u> the segment data was present/used during the processing of the transaction.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
				PG = Drug-Pregnancy TD = Therapeutic Duplication	
440-E5	Professional Service Code	X(2)	A	440-E5 value M0 can be used with 439-E4 values DD, ER, EX, HD, ID, MX, NN, PA and TD. 440-E5 values P0 and R0 can be used with 439-E4 values ER and ID. 440-E5 value MA is required if encounter is for administration of the influenza vaccine by an authorized pharmacist.	(Repeating) *Required by Molina to properly adjudicate an <i>IE</i> the segment data was present/used during the processing of the transaction.
441-E6	Result of Service Code	X(2)	A	441-E6 value 1G can be used with 439-E4 values DD, ER, EX, HD, ID, MX, NN, PA and TD. 441-E6 values 1B, 1E and 1G can be used with 439-E4 value NN. 441-E6 values 1A, 1B, 1C, 1D, 1E, 1F and 1G can be used with 439-E4 values ER, ID, MX and TD.	(Repeating) *Required by Molina to properly adjudicate an <i>IE</i> the segment data was present/used during the processing of the transaction.

PRICING SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.)

Can be repeated (up to 4 per transmission) if more than one transaction is sent per encounter.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'11' – Pricing	Mandatory
409-D9	Ingredient Cost Submitted	S9(6)V99	N	Format S9(6)V99 (For a compound, this is the sum of all individual ingredient costs)	Required (*Required by Molina to properly adjudicate an encounter for cost of influenza vaccine administered by an authorized pharmacist. Only reimbursed for recipients 19 and older)
412-DC	Dispensing Fee Submitted	s9(6)v99	N	Format S9(6)V99	*Required by Molina to properly adjudicate encounter.
433-DX	Patient Paid Amount Submitted	S9(6)V99	N	Format S9(6)V99	Optional

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
438-E3	Incentive Amount Submitted	S9(6)V99	N	Format S9(6)V99 For an encounter for administration of the influenza vaccine by an authorized pharmacist, this field will contain the vaccine administration fee.	* to Required <u>IF</u> the data was present/used during the processing of the transaction
481-HA	Flat Sales Tax Amount Submitted	S9(6)V99	N	\$0.10 This is a DHH mandated provider fee paid by the MCO to the pharmacy.	Required
426-DQ	Usual and Customary Charge	S9(6)V99	N	Format S9(6)V99 The usual and customary charge for the prescription in s\$\$\$\$cc format.	Required by Molina to properly adjudicate encounter.
430-DU	Gross Amount Due	S9(6)V99	N	Format S9(6)V99	Required

CLINICAL SEGMENT: Optional Segment

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per encounter.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'13' – Clinical	Mandatory
491-VE	Diagnosis Code Count	9(1)	N	Recommend value of "1"	Optional
492-WE	Diagnosis Code Qualifier	X(2)	A	ØØ = Not Specified Ø1 = International Classification of Diseases (ICD9) Ø2 = International Classification of Diseases (ICD1Ø) For service dates before 10/1/2015, use 01. For service dates on or after 10/1/2015, use 02.	Optional (Repeating)
424-DO	Diagnosis Code	X(15)	A	Up to 15 characters. Decimal points are explicit. For service dates before 10/1/2015 and a value of 01 in field 491-WE, use ICD-9 codes. For service dates on or after 10/1/2015 and value of 02 in field 491-WE, use ICD-10 codes.	Optional (Repeating)

7.2 Encounter Reversal (Void) Submission (Input)

****NOTE: Only submit one encounter Reversal(Void) per transaction.**

HEADER SEGMENT: Mandatory – Fixed Length Fields

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO	
101-A1	Bin Number	9(6)	N	This is a constant of '610514'.	1	6
102-A2	Version/Release Number ('D.0')	X(2)	A	This is a constant of "D0". This field identifies the format of the transaction.	7	8
103-A3	Transaction Code	X(2)	A	B1 = Reversals	9	10
104-A4	Processor Control Number	X(10)	A	The processor control number indicates whether this is a test or production transaction. Louisiana Medicaid POS Production Transaction - "LOUIPROD" followed by 2 blanks Louisiana Medicaid POS Test Transaction - "LOUITEST" followed by 2 blanks	11	20
109-A9	Transaction Count	X(1)	A	1 = Reversal (Void)	21	21
202-B2	Service Provider ID Qualifier	X(2)	A	Constant of '01' National Provider ID (NPI)	22	23
201-B1	Pharmacy Number	X(15)	A	This will be a ten-digit National Provider ID (NPI) assigned to the billing pharmacy. Left-justify the field with trailing spaces.	24	38
401-D1	Date of Service	9(8)	N	CCYYMMDD format	39	46
110-AK	Software Vendor / Certification ID	X(10)	A	BATCH-V = Void	47	56

INSURANCE SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.)

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
111-AM	Segment Identification	X(2)	A	'04' – Insurance	Mandatory
302-C2	Cardholder ID	X(20)	A	13 digit recipient's Medicaid ID Number. Left-justify the field with trailing spaces.	Required

CLAIM SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.)

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'07' – Claim	Mandatory
455-EM	Prescription / Service Reference Number Qualifier	X(1)	A	Constant of "1" – Rx Billing	Mandatory
402-D2	Prescription / Service Reference Number	9(12)	N	Twelve digit prescription number The pharmacy's file number for this prescription.	Mandatory
436-E1	Product/Service ID Qualifier	X(2)	A	Constant of "03" – National drug code (NDC)	Mandatory
407-D7	Product/Service ID	X(19)	A	Eleven character NDC number	Mandatory
442-E7	Quantity Dispensed	9(7)V 999	N	Format = 9999999.999 9(7)V999 (For a compound, this is the quantity of the entire multi-ingredient product)	Required
403-D3	Fill Number	9(2)	N	00 = Original dispensing 01-99 = Refill number	Required
405-D5	Days' Supply	9(3)	N	Format = 999 The pharmacist's estimated number of days the quantity dispensed will last. Express in whole days and right-justify with leading zeros.	Required
406-D6	Compound Code	9(1)	N	0 = Not specified 1 = Not a compound 2 = Compound	Required
408-D8	Dispense as Written (DAW)	X(1)	A	0 = No Product Selection Indicated *1 = Substitution Not Allowed By Prescriber 2 = Substitution Allowed-Patient Requested Product Dispensed 3 = Substitution Allowed-Pharmacist Selected Product Dispensed 4 = Substitution Allowed-Generic Drug Not in Stock 5 = Substitution Allowed-Brand Drug Dispensed as a Generic 6 = Override 7 = Substitution Not Allowed-Brand Drug Mandated By Law 8 = Substitution Allowed-Generic Drug Not Available in Marketplace **9 = Substitution Allowed By Prescriber but Plan Requests Brand - Patient's Plan Requested Brand Product To Be Dispensed (D.0) * '1' is required to override MAC pricing on a brand name drug. ** '9' is required to allow the prescriber to substitute using the PDL brand product.	Required
414-DE	Date Prescription Written	9(8)	N	CCYYMMDD format	Required

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
354-NX	Submission Clarification Code Count	9(1)	N	Maximum count of 3.	Required for Batch Encounter processing. Required if Submission Clarification Code (42Ø-DK) is used.
420-DK	Submission Clarification Code	9(2)	N	09 - Encounters	Required for Batch Encounter processing. Occurs the number of times identified in Submission Clarification Code Count (354-NX).

COB/OTHER PAYMENTS SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per encounter.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'05' – COB/Other Payments	Mandatory
337-4C	Coordination of Benefits/Other Payment Count	9(1)	N	Maximum of 3 accepted for Louisiana. One digit only.	Mandatory
338-5C	Other Payer Coverage Type	X(02)	A	Maximum of 3 accepted for Louisiana Blank=Not Specified 01 = First 02 = Second 03 = Third 04 = Fourth 05 = Fifth 06 = Sixth 07 = Seventh 08 = Eighth 09 = Ninth	Mandatory (Repeating)
339-6C	Other Payer ID Qualifier	X(2)	A	Maximum of 3 accepted for Louisiana	Mandatory (Repeating) Please submit Louisiana specific Carrier Code with 99 Qualifier
340-7C	Other Payer ID	X(10)	A	Maximum of 3 accepted for Louisiana	Mandatory (Repeating) Please send Louisiana assigned Carrier Code.

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
443-E8	Other Payer Date	9(8)	N	Maximum of 3 accepted for Louisiana CCYYMMDD format	Optional (Repeating)
993-A7	Internal Control Number	X(30)	A	Number assigned by the processor to identify an adjudicated encounter when supplied in payer-to-payer coordination of benefits only. To ensure proper processing, it is important to put the MCO payment in the first COB segment.	Required for Batch Encounter processing.
341-HB	Other Payer Amount Paid Count	9(1)	N	Maximum of 3 accepted for Louisiana	Optional
342-HC	Other Payer Amount Paid Qualifier	X(2)	A	Maximum of 3 accepted for Louisiana Ø1 = Delivery Ø2 = Shipping Ø3 = Postage Ø4 = Administrative Ø5 = Incentive Ø6 = Cognitive Service Ø7 = Drug Benefit Ø9 = Compound Preparation Cost 1Ø = Sales Tax	Optional (Repeating) Please use 07=Drug Benefit for individual payments
431-DV	Other Payer Amount Paid	S9(6) V99	N	Maximum of 3 accepted for Louisiana Format s9(6)V99 It represents the dollar amount of payment known by the pharmacy from other sources. Format s\$\$\$cc, zero fill if no amount collected.	Optional (Repeating)
471-5E	Other Payer Reject Count	9(2)	N	Maximum of 5	Optional
472-6E	Other Payer Reject Code	X(3)	A	Maximum of 5 accepted for each Other-Payer-ID Reject Code returned (Louisiana)	Optional Repeating
353-NR	Other Payer-Patient Responsibility Amount Count	9(02)	N	Maximum count of 25.	* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-NP	Other Payer-Patient Responsibility Amount Qualifier	X(02)	A	00=Blank Not Specified 01=Amount Applied to Periodic Deductible (517-FH). 05 = Amount of Copay 07=Amount of Coinsurance (572-4U).	* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.
352-NQ	Other Payer-Patient Responsibility Amount	S9(6)v99	N	Format s9(6)V99	Required

PRICING SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.)

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'11' – Pricing	Mandatory
409-D9	Ingredient Cost Submitted	S9(6) V99	N	Format S9(6)V99 (For a compound, this is the sum of all individual ingredient costs)	Required
430-DU	Gross Amount Due	S9(6) V99	N	Format S9(6)V99	Required